

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court NORTHERN District of ILLINOIS		VOLUNTARY PETITION
IN RE (Name of debtor - If individual, enter: Last, First, Middle) ST. ONGE, MICHAEL A.	NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)	
ALL OTHER NAMES: used by the debtor in the last 6 years (Include married, maiden, and trade names)	ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden, and trade names)	
SOC. SEC./TAX I.D. NO. (If more than one, state all) 6055	SOC.SRC. TAX/I.D. NO. (If more than one, state all)	
STREET ADDRESS OF DEBTOR (No. and street, city, state and zip code) 9712 Partridge Lane Lakewood, IL 60014	STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, and zip code)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	
MAILING ADDRESS OF DEBTOR (If different from street address)	MAILING ADDRESS OF JOINT DEBTOR (If different from street address)	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from address listed above)	VENUE (Check one box) <input type="checkbox"/> Debtor has been domiciled or has had a residence principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.	
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (Husband and Wife) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality	CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> sec. 304 - Case Ancillary to Foreign Processing	
NATURE OF DEBT <input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A & B below	FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See official Form No. 3	
A. TYPE OF BUSINESS (Check one) <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ <input type="checkbox"/> Construction <input type="checkbox"/> Retail/Wholesale Mining <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business	NAME AND ADDRESS OF LAW FIRM OR ATTORNEY KARLEN R. COVEY COVEY & COVEY 7908 RT. 14, STE. B, CRYSTAL LAKE, IL 60012 Telephone No. 815-459-2232	
B. BRIEFLY DESCRIBE NATURE OF BUSINESS	NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT DEBTOR (Print or Type Names) <input type="checkbox"/> Debtor is not represented by an attorney	

STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604) (Estimates only) (Check applicable boxes)							
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							
ESTIMATED NUMBER OF CREDITORS 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
ESTIMATED ASSETS (In thousands of dollars) Under 50 50-99 100-499 500-999 1000-9999 10,000-99,000 100,000-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
ESTIMATED LIABILITIES (In thousands of dollars) Under 50 50-99 100-499 500-999 1000-9999 10,000-99,000 100,000-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
EST. NO. OF EMPLOYEES - CH. 11 & 12 ONLY 0 1-19 20-99 100-999 1000-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
EST. NO. OF EQUITY SECURITY HOLDERS - CH. 11 & 12 ONLY 0 1-19 20-99 100-499 500-over <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

THIS SPACE FOR COURT USE ONLY

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.

☒ Debtor intends to file a plan within the time allowed by statute, rule of order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed N/A	Case Number	Date
PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR (If more than one, attach additional sheet)		
Name of Debtor	Case Number	Date
Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition.

SIGNATURES

ATTORNEY

X
Signature

Date

March 16, 2004

INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X
Signature of Debtor

MICHAEL N. ST. ONGE

Date

X
Signature of Joint Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct and that the filing of this petition on behalf of the debtor has been authorized.

X
Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

EXHIBIT "A" (To be completed if debtor is a corporation, requesting relief under Chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, Exhibit B has been completed.

X
Signature of Debtor

MICHAEL N. ST. ONGE

Date

X
Signature of Joint Debtor

Date

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under such chapter.

X
Signature of Attorney

KARLEN B. COWEY

Date

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

IN RE: MICHAEL N. ST. ONGE

BANKRUPTCY CASE NUMBER _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 50

The above-named Debtor hereby verifies that the list of creditors is true and correct to the best of my knowledge.

Dated: 3-16-04



Michael N. St. Onge

American General Finance
Suite B
2 Crystal Lake Plaza
Crystal Lake, IL 60014

American General Finance
c/o Franks, Gerkin & McKenna, P.C.
19333 E. Grant Hwy.
Marengo, IL 60152

City of Crystal Lake
Acct #03-2112
P.O. Box 597
Crystal Lake, IL 60039-0597

Arrow Financial
Acct #4121370899506985
5996 W. Touhy
Niles, IL 60714

SEARS
Acct #115004098
Sears RCCOC 8602
P.O. Box 3671
Des Moines, IA 50322

Tanveer Ahmad, MD
Acct #5718
P.O. Box 815
Dundee, IL 60118

Citgo
Acct #501763858
P.O. Box 9095
Des Moines, IA 50368-9095

Citifinancial
Acct #67430955-0354055
P.O. Box 17127
Baltimore, MD 21297-1127

Countrywide Home Loans
Acct #005281009
P.O. Box 660025
Dallas, TX 75266-0625

Countrywide Home Loans
Acct #002310925
P.O. Box 660694
Dallas, TX 75266-0694

Countrywide Home Loans
c/o Pierce & Associates
Suite 1200
18 S. Michigan Ave.
Chicago, IL 60603

CRD PRT Associates
AT & T Broadband/Comcast
Acct #682866918
13355 Noel Rd.
Dallas, TX 75240

Worldwide Asset Purchasing, L.L.C.
c/o Capital Management Services, Inc.
Suite 700
726 Exchange St.
Buffalo, NY 14210

LaSalle Bank
Acct #5302351340
4747 W. Irving Park Rd.
Chicago, IL 60641

Emerge Mastercard
Acct #5181890002284820
P.O. Box 105655
Atlanta, GA 30348-5655

Ford Motor Credit Co.
Acct #28456853
12110 Emmet
Omaha, NE 68164

Orchard Bank
Bankcard Services
Acct #5489-555101931030
P.O. Box 80084
Salings, CT 93912-0084

Byloe Investment Group, L.L.C.
c/o Medicredit Corp.

Acct #040340301
P.O. Box 2706
Columbia, MO 65205-7206

Moraine Emerg. Physicians
Acct #MN1903134002752
P.O. Box 8759
Philadelphia, PA 19101-8759

NICOR
Attn: Bankruptcy & Collections
Acct #540721622-4
P.O. Box 549
Aurora, IL 60507

Centegra Memorial Hospital
P.O. Box 1990
Woodstock, IL 60098

Atec Ambulance
P.O. Box 45
Sycamore, IL 60178

Providian
Acct #4121-3708-0050-6985
P.O. Box 9007
Pleasanton, CA 94566

Retailers National Bank-Target
Mailstop 2BD
Acct #925051331590
P.O. Box 9475
Minneapolis, MN 55440

Shell-Citicorp
Acct #131788317
P.O. Box 9151
Des Moines, IA 50368-9151

Sherman Acquisition, Inc./Sears
Acct #1150040982300
P.O. Box 10584
Greenville, SC 29603

AT & T Wireless-Chicago
Acct #258717404

P.O. Box 8220
Aurora, IL 60572-8220

Huntley Library
Acct #2102638
11000 Ruth Rd.
Huntley, IL 60142

Village of Lakewood
2500 Lake Ave.
Lakewood, IL 60014

Prenger Family Center
400 Stadium Blvd.
Jefferson City, MO 65101

Turnberry Country Club
9600 Turnberry Trail
Lakewood, IL 60014

Turnberry Country Club
c/o Elizabeth Maring
Suite 400
2300 N. Barrington Rd.
Hoffman Estates, IL 60195

Biehl & Biehl, Inc.
Acct #3462035
P.O. Box 66415
Chicago, IL 60666

Gerald E. Moore & Assocs., P.C.
Acct #5458001849656537
P.O. Box 724087
Atlanta, GA 31139

Wolpoff & Abramson, L.L.P.
Acct #116427510
Two Irvington Centre
702 King Farm Blvd.
Rockville, MD 20850

Advocate Good Shepherd Hospital
Acct #604806729, 604770453, 602384810
450 W. Highway 22
Barrington, IL 60010

Advocate Healthcare System
c/o Pellettieri & Assocs.
991 Oak Creek Dr.
Lombard, IL 60148-6408

John H. Beckerman
Acct #4809
Suite 7
450 W. Highway 22
Barrington, IL 60010

Midwest Diagnostic Pathology
Acct #861-1-0001073593
Suite 3070
75 Remittance Dr.
Chicago, IL 60675

Lake/McHenry Pathology Assoc.
Acct #404-1-0000300578
Suite 407
641 E. Butterfield Rd.
Lombard, IL 60148

NASD Resolution Dispute
Acct #03-01912
Suite 1110
10 S. LaSalle St.
Chicago, IL 60603

Wachovia Securities
Attn: Diane C. Fischer, Esq.
Suite 1800
208 S. LaSalle St.
Chicago, IL 60604

Linda St. Onge
216 S. Jefferson St.,
Woodstock, IL 60098

Worldwide Asset Management
Acct #5458001849656537
P.O. Box 671927
Marietta, GA 30006-0033

Horizons Behavioral Health
Acct #A82949

970 S. McHenry Ave.
Crystal Lake, IL 60014

Sherman Hospital
Acct #81738951
934 Center St.
Elgin, IL 60120

M.H.S. Physicians Services
Acct #1181254
P.O. Box 5081
Janesville, WI 53547-5081

Woodstock Imaging Assoc., Inc.
Acct #106-2-0000235344
Suite 407
641 E. Butterfield Rd.
Lombard, IL 60146

Action Card/Bank First
Acct #4777-2108-4535-2150
P.O. Box 5052
Sioux Falls, SD 57117-5052

Risk Management Alternatives, Inc.
Acct #123300765
Suite 201
802 E. Martinton Rd.
North Augusta, SC 29841